



## TEXAS DEPARTMENT OF INSURANCE

### Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

## MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

### GENERAL INFORMATION

**Requestor Name**

AHMED KHALIFA, MD

**Respondent Name**

LIBERTY MUTUAL INSURANCE CORP

**MFDR Tracking Number**

M4-18-0902-01

**Carrier's Austin Representative**

Box Number 01

**MFDR Date Received**

DECEMBER 4, 2017

### REQUESTOR'S POSITION SUMMARY

**Requestor's Position Summary:** "The carrier has not paid this claim in accordance and compliance with TDI-DWC 133 and 134."

**Amount in Dispute:** \$172.67

### RESPONDENT'S POSITION SUMMARY

**Respondent's Position Summary:** "Bill was reviewed and denial is correct as the office visit of 012617 is within the 10day follow up of the surgical procedure performed on 011717."

**Response Submitted by:** Liberty Mutual Insurance Co.

### SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 26, 2017	CPT Code 99214 Office Visit	\$172.67	\$0.00

### FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

**Background**

- 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
- 28 Texas Administrative Code §134.203, sets out the fee guidelines for health care providers billing and reimbursement procedures.
- The insurance carrier reduced payment for the disputed services with the following claim adjustment codes:
  - U018, 193-A charge was made for a visit on the same day as a surgical procedure, or within the 10 day follow up of a previously performed surgery.

## Issues

1. What is the applicable fee guideline?
2. Is the allowance of code 99214 included in the allowance of code 64633-RT?

## Findings

1. The fee guidelines for disputed services are found in 28 Texas Administrative Code §134.203.
2. 28 Texas Administrative Code §134.203(a)(5) states “Medicare payment policies” when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare.”

On the disputed date of service the requestor billed CPT code 99214 described as, “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least 2 of these 3 key components: A detailed history; A detailed examination; Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 25 minutes are spent face-to-face with the patient and/or family.”

The insurance carrier denied reimbursement for the office visit , CPT code 99214, based upon reason code “U018, 193-A charge was made for a visit on the same day as a surgical procedure, or within the 10 day follow up of a previously performed surgery.”

*Per Medicare Claims Processing Manual, Chapter 12, (40.2)(A)(1), Billing Requirements for Global Surgery:*

To ensure the proper identification of services that are, or are not, included in the global package, the following procedures apply.

### **A. Procedure Codes and Modifiers**

Use of the modifiers in this section apply to both major procedures with a 90-day postoperative period and minor procedures with a 10-day postoperative period (and/or a zero day postoperative period in the case of modifiers “-22” and “-25”).

#### **1. Physicians Who Furnish the Entire Global Surgical Package**

Physicians who perform the surgery and furnish all of the usual pre-and postoperative work bill for the global package by entering the appropriate CPT code for the surgical procedure only. Billing is not allowed for visits or other services that are included in the global package.

The issue in dispute is whether or not the January 26, 2017 office visit (CPT code 99214) is included in the global surgery package of CPT code 64633 rendered on January 17, 2017.

A review of the submitted documentation finds that the requestor performed the surgery and office visit. Therefore, the Division finds that the Medicare policy on global fee surgical package applies to the service in dispute.

*Medicare Claims Processing Manual, Chapter 12, (40.2)(A)(7), Billing Requirements for Global Surgery states:*

#### **7. Unrelated Procedures or Visits During the Postoperative Period**

Two CPT modifiers were established to simplify billing for visits and other procedures which are furnished during the postoperative period of a surgical procedure, but which are not included in the payment for the surgical procedure.

**Modifier “-79”:** Reports an unrelated procedure by the same physician during a postoperative period. The physician may need to indicate that the performance of a procedure or service during a postoperative period was unrelated to the original procedure.

A new postoperative period begins when the unrelated procedure is billed.

**Modifier “-24”:** Reports an unrelated evaluation and management service by same physician during a postoperative period. The physician may need to indicate that an evaluation and management service was performed during the postoperative period of an unrelated procedure. This circumstance is reported by adding the modifier “-24” to the appropriate level of evaluation and management service.

Services submitted with the “-24” modifier must be sufficiently documented to establish that the visit was unrelated to the surgery. A diagnosis code that clearly indicates that the reason for the encounter was unrelated to the surgery is acceptable documentation.

A physician who is responsible for postoperative care and has reported and been paid using modifier “-55” also uses modifier “-24” to report any unrelated visits.

The Division finds that reimbursement is not due based upon the following:

- Code 64633 is classified as a minor surgery because it has a 10 day postoperative period.
- The disputed date of service is within the 10 day postoperative period.
- The requestor did not append any modifiers to code 99214 to support a separate evaluation and management service per Medicare Claims Processing Manual Chapter 12, (40.2)(A)(7).

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

### ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	12/15/2017
Signature	Medical Fee Dispute Resolution Officer	Date

### ***YOUR RIGHT TO APPEAL***

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, 37 *Texas Register* 3833, applicable to disputes filed on or after June 1, 2012.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**